

**CLAIMS ONLY**

**Application Number**

Ring Date

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\* May be used for additional claims or amendments.

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	23						Total Depend			
Total Claims	26						Total Claims			